

# WOMEN'S BUSINESS<sup>®</sup>

Covering Massachusetts, New Hampshire and Rhode Island

July 2006

THE PROFESSIONAL AND BUSINESS WOMAN'S JOURNAL

## COVER

# Change Agent Dolores Mitchell Pushes Envelope Again and Again

By Helen Graves

A couple minutes into a conversation with Dolores Mitchell, executive director of Massachusetts' Group Insurance Commission, and you know these things:

1. She doesn't waste time, mince words or take any guff;
2. She does, however, champion causes and willingly take the heat;
3. She has a great sense of humor;
4. She is truly a charismatic mover and shaker;
5. She is your new role model.

These days, Mitchell is in the midst of leading a revolution in health insurance with just-rolled-out tiered co-pays for doctor choices. Her tack is to couple quality care and cost containment for the state's 266,000 employees, retirees and their dependents.

While the health insurance industry's cost-efficiency efforts have targeted patients with "choice" and "high deductible" plans, the GIC's Clinical Performance Improvement Initiative, Mitchell believes, will get to the broader impact of motivating medical providers to change the system.

But pushing "the quality agenda," Mitchell admits, is an uphill challenge. "It's controversial. The doctors don't like it," she says. "We're in the middle of a real sea change but in the meantime, the waves are chopping over my head."

Mitchell laughs over her wording



*These days, Dolores Mitchell is pursuing health care's quality shortcomings on behalf of Massachusetts employees and retirees.*

but she's serious about doing what she believes is best for the public good. The GIC, with a day-to-day staff of 50, handles the state's billion-dollar budget for health, life, disability, vision and dental insurances and related services.

"We design what the benefits should be, procure them through a rigorous bidding process, select the vendors, contract with them, and then we monitor the hell out of them and push them to do more," she says.

Leading the quasi-independent state agency since 1987 through the Dukakis, Weld, Cellucci, Swift and Romney administrations, Mitchell has been through plenty of change.

At her start was the beginning of

escalating health care costs, followed by a slight cost reduction thanks to managed care, followed by the ensuing fight over reining in health insurers in order to provide better access and broader service.

Next came the furor over national health insurance, which died out in the Clinton years, and now, the issue of quality shortcomings.

Throughout her tenure, Mitchell has kept a lid on the cost of the state's insurance premiums compared to national and municipal costs, an achievement that no doubt has put her in good stead administration to administration.

Mitchell, however, chalks up her longevity to an appointing commission willing to let her push the envelope. As well, she's made each administration a candid offer: to give it a go and if things aren't working out, she'll leave without a fuss.

In this latest push of the envelope, Mitchell is spearheading what she sees as change from within the medical community. Going after the patient side of the equation doesn't provide much impetus for actual improvement, she believes.

"Choice gives you very limited ability to push for quality because you don't have much leverage when everybody is in the tent," she says. "My goal has been to try to help people understand that not all providers are equally competent or caring, and there are differences and that we know a lot about these matters."

# WOMEN'S BUSINESS<sup>BOSTON</sup>

Covering Massachusetts, New Hampshire and Rhode Island

July 2006

THE PROFESSIONAL AND BUSINESS WOMAN'S JOURNAL

Mitchell began the Initiative by using the power of contracting and requesting health insurers' books of business to analyze the data on two fronts: quality and cost-effectiveness.

In the new tiered plan, patients generally choose between \$15 and \$25 co-pays, the lesser co-pay attached to the doctors who rate well on both counts. The same type of co-pay rating system is already in place for hospitals in three of the GIC's plans.

"We're not saying that the doctor who doesn't measure up on the cost-effectiveness side is a bad doctor, but that the better doctor is the one who is able to get the same results for the same medical condition using expensive resources more prudently," Mitchell says.

Plan subscribers didn't jump ship over the co-pays in the recent open enrollment, Mitchell notes, although she expects phone calls later this summer as people get into using the new tiered system. And doctors will come around. "This approach is being adopted by other purchasers around the country and so it's inevitable," she says.

This year, plans were allowed to introduce the new co-pays incrementally; next year, all doctors, groups and specialists will be included. "My theory is, you improve methodology by putting it on the road," she says.

Mitchell began wielding her contracting power at the get-go of her tenure. "I discovered that one or two of our plans did not cover reconstructive breast surgery," she says. "That changed in about two-and-a-half minutes."

Leadership, Mitchell says, involves working hard and long, taking the heat, treating people well, rolling up sleeves to do anything and that includes stuffing envelopes, and making sure your staff knows you're in control vs. in charge, especially in the

---

*"I'm not here  
just to get up  
every morning and  
go to work  
and do the same old,  
same old."*

---

face of adversity.

Mitchell began her career in the state's Office of Economic Opportunity in 1974 in the Sargent administration while also volunteering in what she calls "mid-century progressive activities," Americans for Democratic Action and the Model Cities program.

She had met legislator Mike Dukakis, and when he won the primary for governor in 1974, she offered to work on his campaign full time. When he was elected, Mitchell worked in the governor's office. Shortly before Dukakis lost the next election, she spent a stint as secretary of human services.

After the '78 campaign and "back out on the market," Mitchell consulted at Abt Associates for a year. "I discovered that consulting was not my thing. I'm much too bossy for that." Through a friend of a friend – "the women's network at work" – she found out about and applied for an opening for the Boston director at Katherine Gibbs School.

Mitchell loved the job and seeing students emerge poised, self-confident and able to earn their own living, but after seven years she went to see Dukakis, who was governor again, to say she'd like to do another round of government.

"I remember the conversation well," Mitchell says. "I said, 'Besides, I'm over 40 so I'd better make a change now before age discrimination sets in.'"

Mitchell was called upon when the GIC executive director's role opened up. "I knew as much about insurance as I had known about business education," she says. "I don't mean to say that subject matter doesn't count but what I do mean to say is that management and, more important, leadership skills are the most important. Given a certain level of intelligence and a certain willingness to learn the subject matter, the rest follows."

Thanks to a "healthy constitution and chronic inability to say, 'No,'" Mitchell hasn't stopped at bringing all of the above to just the Group Insurance Commission.

She is also director of the Massachusetts Health Data Consortium, president of the Massachusetts Healthcare Purchaser Group, board president of the Greater Boston Big Sister Association, co-chair of the Business Advisory Group of the E-Health Initiative, director of the E-Health Collaborative and vice president of her local Democratic Town Committee. She was just appointed to the Board of the Connector, the board that directs the new Massachusetts Health Reform Act.

Asked, "What's next?" and Mitchell replies, "I'm a testimonial to the unplanned life. I don't know what comes next."

What she does know is that she'll continue to seek out improvement just as she has for the past 19 years at the GIC.

"I'm not here just to get up every morning and go to work and do the same old, same old," Mitchell says. "I want to push the envelope a little."